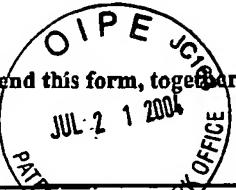


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

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23914 7590 04/23/2004

STEPHEN B. DAVIS  
 BRISTOL-MYERS SQUIBB COMPANY  
 PATENT DEPARTMENT  
 P O BOX 4000  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Deanna L. Baxam

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/092,263	03/06/2002	Ramesh Patel	CT2657 NP	9271

TITLE OF INVENTION: STEREOSELECTIVE REDUCTION OF SUBSTITUTED ACETOPHENONE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BEISNER, WILLIAM H	1744	435-280000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Deanna L. Baxam

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bristol-Myers Squibb Co.

Princeton, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Authorized Signature) (Date) 7/21/2004  
 Deanna L. Baxam

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NO. 741 P.1

# Bristol-Myers Squibb Company

Worldwide Medicines Group  
P.O. Box 4000 Princeton, NJ 08543-4000

DATE: July 21, 2004

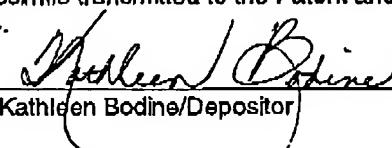
## FACSIMILE TRANSMITTAL COVER SHEET

### **URGENT**

TO: Issue Fee Branch  
FAX: 1-703-746-4000  
# OF PAGES: 3 (INCLUDING FAX TRANSMITTAL SHEET)  
FROM: Deanna L. Baxam  
FAX #: (609) 252-4526  
PHONE #: (609) 252-4014  
RE: U.S. Appln. Serial No.: 10/092,263 Filed: 3/6/2002  
Attorney Docket No. CT2657 NP

## CERTIFICATE OF TRANSMISSION VIA FACSIMILE

I hereby certify that this correspondence a 1) Issue Fee Transmittal (1 page) and 2) "Fee Address" Indication Form (1 page) are being facsimile transmitted to the Patent and Trademark Office fax number 703-746-4000 on July 21, 2004.

  
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Kathleen Bodine/Depositor

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